



UTAH
AMBULATORY
SURGERY
DATABASE

2009
PUBLIC - USE DATA FILE
USER MANUAL

Version I
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UTAH HEALTH DATA COMMITTEE
OFFICE OF HEALTH CARE STATISTICS
UTAH DEPARTMENT OF HEALTH

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INTRODUCTION

Utah Health Data Committee

The Utah Health Data Committee, composed of 13 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics, which manages the Utah Ambulatory Surgery Database.

Utah Ambulatory Surgery Database

Administrative Rule R428.11 became effective in March, 1998, mandating that all Utah licensed hospital and freestanding ambulatory surgical facilities shall report information on selected ambulatory surgeries, beginning with January 1, 1996. The database contains the consolidated information on complete billing, medical codes, and personal characteristics describing a patient, the services received, and charges billed for each visit for a selected subset of ambulatory surgical procedures. Sixty-seven Utah ambulatory surgical facilities submitted data in 2009. Milford Valley Memorial Hospital and Salt Lake Endoscopy Center submitted no ambulatory surgery data in 2009. **Starting with the 2008 Database the records from Moran Eye Center are included with the records from UHC/University Hospital & Clinics. New facilities that opened in 2009 include Intermountain Park City Surgical Center (which has since closed), Park City Medical Center, Riverton Hospital, and Riverwoods Surgery Center. The current reporting by the FASCs is dramatically incomplete and caution should be used when trying to perform market level comparisons with this data. In this year 12 out of 33 possible FASCs with at least two beds did not report data. Efforts will be made over the next year or two to improve this reporting.**

Selected Ambulatory Surgeries Reported in Utah

Only the following CPT-4 (Current Procedural Terminology) or ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification) surgical procedure codes are reported, whether or not they are the principal procedure:

TYPES OF SURGICAL SERVICES SUBMITTED IF PERFORMED IN OPERATING OR PROCEDURE ROOM

DESCRIPTION	CPT-4 CODES	ICD-9-CM PROCEDURE CODES
Mastectomy	19120-19220	85.0-85.99
Musculoskeletal	20000-29909	76.0-84.99
Respiratory	30000-32999	30.0-34.99
Cardiovascular*	33010-37799	35.0-39.99
Lymphatic/Hematic	38100-38999	40.0-41.99
Digestive System*	40490-49999	42.0-54.99
Urinary	50010-53899	55.0-59.99
Male Genital	54000-55899	60.0-64.99
Female Genital	56405-58999	65.0-71.99
Endocrine/Nervous	60000-64999	01.0-07.99
Eye	65091-68889	08.0-16.99
Ear	69000-69979	18.0-20.99
Nose, Mouth, Pharynx	CPT Codes in Musculoskeletal & Respiratory	21.0-29.99
Heart Catheterization	93501-93660	ICD-9 Codes in Cardiovascular

* See Notes on page 3 for exceptions added to the CPT-4 list.

Public-Use Data Files (PDF)

The Ambulatory Surgery Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Health Care Statistics without further review.

Two different public data files are released for 2009 ambulatory surgery data (see page 5 for data elements and file descriptions).

Data Processing and Quality

Data submission: The Health Data Plan provides data element definitions to ensure all hospitals will report similar data. The Office of Health Care Statistics receives discharge data quarterly from ambulatory surgical facilities in various formats and media. The data are converted into a standardized format.

System Edits: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

Facility Reviews: Each facility is provided with a 35-day review periods to validate the compiled data against their facility records. Any inconsistencies discovered by the facilities are reevaluated or corrected.

Missing Values: When dealing with unknown values, it is important to distinguish between *systematic* omission by the facility (e.g., for facilities that were granted reporting exemption for particular data elements or which had coding problems that deemed the entire data from the facility unusable), and *non-systematic* omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by facility for each data element to be used. The user is likewise advised to examine the number of observations by facility by quarter to judge if a facility under-reported for a given quarter, which occasionally happens due to data processing problems experienced by a facility.

Patient Confidentiality

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient age and payers are grouped. Utah residential zip codes with less than 30 visits in a calendar year are grouped into county abbreviations, and outside Utah zip codes with less than 30 visits are grouped in state abbreviations.

Agreement to Protect Patient Confidentiality

The data collected by the Utah Health Data Committee may be used only for the purpose of health statistical reporting and analysis or as specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. No one will attempt to link this data set with individually identifiable records from any other data sets.

Notes on the 2009 Ambulatory Surgery Data

This is the thirteenth year of statewide reporting of ambulatory surgery data in the state of Utah. Data suppliers' information systems vary considerably, as do data formats. Facility-to-facility comparisons are not encouraged for the first four years of data. Comparing hospital-based to freestanding surgery center facilities are especially challenging due to the differences in billing practice and general operations. Coding practices and formats are evolving over time as the data suppliers adapt to this new statewide reporting requirement.

The data are collected from two types of facilities: hospital-based ambulatory surgery centers (hospitals) and freestanding ambulatory surgery centers (FASCs.) These facilities varied in their reporting of procedure codes in 2009. Most hospital-based surgery centers reported both ICD9 and CPT4 procedure codes, while most freestanding ambulatory surgery centers report CPT4 procedure codes. There is no effective "crosswalk" tool to translate or compare these two procedure coding methods. Therefore, the user will have to be careful in how these data are used. Administrative Rule R428-11 was revised to require reporting of both ICD9 and CPT4 procedure codes starting with the surgeries performed in 1998.

The data include a variable which indicates whether each data record contains only ICD9 codes, only CPT4 codes, or both. The data analyst will find it helpful to compute a cross-tabulation table of facility by this variable (Provider Identifier by Procedure Code Type).

For procedure codes, there is no CPT code that can be used as a PRIMARY procedure code unless it is the only CPT code in a record or if all CPT codes reported on a single record are the same.

The CPT-4 and ICD-9 Procedure Code List found in the Types of Surgical Services Submitted table on page 1 is used as inclusion criteria for this data. Additional non-ambulatory codes that may be submitted are included in this database prior to 2005 but are not comparable across facilities because they are not submitted uniformly. Any analysis and reporting of this data should be limited to comparable ambulatory codes on this Procedure Code List. **Starting with 2005, we have attempted to only include procedures found in the Procedure Code list except as noted below. In addition we have added additional 3M Enhanced Ambulatory Procedure Groups fields starting in 2009 that may aid in analysis. The procedure EAPG types of "02=Significant Procedure" and "25=Other Diagnostic Procedure can be used as a guide to help determine which CPT-4 procedures are truly surgical/diagnostic in the database. These EAPG fields are not compatible with the APG fields used from 2005 to 2008.**

Starting with 2005, the Blood Draw related CPT-4 codes "36000", "36415", and "36600" were removed from the inclusion criteria and are not considered Cardiovascular procedures. In addition, the temporary HCPCS Level II Colorectal cancer screening colonoscopy codes "G0104", "G0105", "G0106", "G0120", and "G0121" were added to the list for the Digestive System procedures and are retained in the database if reported.

Data Format

Standard format for the public data file is fixed ASCII code on a CD-Rom. Requests for other formats, such as a SAS data set, will be considered.

Citation

Any statistical reporting or analysis based on the data shall cite the source as the following:

Utah Ambulatory Surgical Data File (2009). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2011.

Redistribution:

Users shall not redistribute the Utah Ambulatory Surgical Data File in its original format. Users shall not redistribute any data products derived from the file without written permission from the Office of Health Care Statistics, Utah Department of Health.

FILE LAYOUT

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2009.1)

	DATA ELEMENT	TYPE*	WIDTH	POSITION** From To	EXAMPLE VALUES	Pg
1	Provider identifier (hospital)	Char	3	1 - 3	101, 102, ...	9
2	Patient's age (in categories)	Num	3	4 - 6	0,1,...,21	11
3	Patient's gender	Char	1	7 - 7	M,F	12
4	Source of admission	Char	1	8 - 8	1,2,...,9,A-F	12
5	Patient's discharge status	Char	2	9 - 10	01,02,...	13
6	Patient's postal zip code	Char	5	11 - 15	84000, AZ	13
7	Patient's residential county	Num	3	16 - 18	1,2,...	16
8	Patient cross-county migration	Char	1	19 - 19	Y,N	18
9	< blank >		1	20 - 20		
10	Principal diagnosis code	Char	5	21 - 25	8180,81513	18
11	Secondary diagnosis code 1	Char	5	26 - 30	8180,81513	18
12	Secondary diagnosis code 2	Char	5	31 - 35	8180,81513	18
13	Secondary diagnosis code 3	Char	5	36 - 40	8180,81513	18
14	Secondary diagnosis code 4	Char	5	41 - 45	8180,81513	18
15	Procedure 1 as CPT	Char	9	46 - 54	56399, 38100	19
16	Procedure 2 as CPT	Char	9	55 - 63	56399, 38100	19
17	Procedure 3 as CPT	Char	9	64 - 72	56399, 38100	19
18	Procedure code type	Num	3	73 - 75	0,1,2	19
19	Total charge	Num	10	76 - 85	498.68	20
20	Primary payer category	Char	2	86 - 87	01,02,...	20
21	Secondary payer category	Char	2	88 - 89	01,02,...	20
22	Tertiary payer category	Char	2	90 - 91	01,02,...	20
23	< blank >		3	92 - 94		
24	Discharge quarter	Char	1	95 - 95	1,2,3,4	20
25	Record ID number	Num	10	96 - 105	28000010	20
26	Secondary diagnosis code 5	Char	5	106 - 110	8180,81513	18
27	Secondary diagnosis code 6	Char	5	111 - 115	8180,81513	18
28	Secondary diagnosis code 7	Char	5	116 - 120	8180,81513	18
29	Secondary diagnosis code 8	Char	5	121 - 125	8180,81513	18
30	Procedure 4 as CPT	Char	9	126 - 134	56399, 38100	19
31	Procedure 5 as CPT	Char	9	135 - 143	56399, 38100	19
32	Procedure 6 as CPT	Char	9	144 - 152	56399, 38100	19
33	1st procedure category	Num	2	153 - 154	0,1,2,...	21
34	2nd procedure category	Num	2	155 - 156	0,1,2,...	21
35	3rd procedure category	Num	2	157 - 158	0,1,2,...	21
36	4th procedure category	Num	2	159 - 160	0,1,2,...	21
37	5th procedure category	Num	2	161 - 162	0,1,2,...	21
38	6th procedure category	Num	2	163 - 164	0,1,2,...	21
39	Procedure 1 as ICD9	Char	4	165 - 168	480,9711	19
40	Procedure 2 as ICD9	Char	4	169 - 172	480,9711	19
41	Procedure 3 as ICD9	Char	4	173 - 176	480,9711	19
42	Procedure 4 as ICD9	Char	4	177 - 180	480,9711	19
43	Procedure 5 as ICD9	Char	4	181 - 184	480,9711	19
44	Procedure 6 as ICD9	Char	4	185 - 188	480,9711	19
	(Continued)					

*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

**Column position (if data requested as ASCII file)

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2009.1) cont'd

	DATA ELEMENT	TYPE*	WIDTH	POSITION** From To	EXAMPLE VALUES	Pg
45	Procedure EAPG 1	Char	3	189 - 191	000, 001,...,999	22
46	Procedure EAPG 2	Char	3	192 - 194	000, 001,...,999	22
47	Procedure EAPG 3	Char	3	195 - 197	000, 001,...,999	22
48	Procedure EAPG 4	Char	3	198 - 200	000, 001,...,999	22
49	Procedure EAPG 5	Char	3	201 - 203	000, 001,...,999	22
50	Procedure EAPG 6	Char	3	204 - 206	000, 001,...,999	22
51	Procedure EAPG Type 1	Char	2	207 - 208	01,02,...,12	28
52	Procedure EAPG Type 2	Char	2	209 - 210	01,02,...,12	28
53	Procedure EAPG Type 3	Char	2	211 - 212	01,02,...,12	28
54	Procedure EAPG Type 4	Char	2	213 - 214	01,02,...,12	28
55	Procedure EAPG Type 5	Char	2	215 - 216	01,02,...,12	28
56	Procedure EAPG Type 6	Char	2	217 - 218	01,02,...,12	28
57	Procedure EAPG Category 1	Char	2	219 - 220	01,02,...,46	28
58	Procedure EAPG Category 2	Char	2	221 - 222	01,02,...,46	28
59	Procedure EAPG Category 3	Char	2	223 - 224	01,02,...,46	28
60	Procedure EAPG Category 4	Char	2	225 - 226	01,02,...,46	28
61	Procedure EAPG Category 5	Char	2	227 - 228	01,02,...,46	28
62	Procedure EAPG Category 6	Char	2	229 - 230	01,02,...,46	28

*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

**Column position (if data requested as ASCII file)

RECORD LAYOUT OF PUBLIC USE DATA FILE III (2009.3)

	DATA ELEMENT	TYPE*	WIDTH	POSITION** From To	EXAMPLE VALUES	Pg
1	Provider identifier (hospital)	Char	3	1 - 3	101, 102, ...	9
2	Patient's age (in categories)	Num	3	4 - 6	0,1,...,21	11
3	Patient's gender	Char	1	7 - 7	M,F	12
4	Patient's discharge status	Char	2	8 - 9	01,02,...	13
5	Patient's residential county	Num	3	10 - 12	1,2,...	16
6	Principal diagnosis code	Char	5	13 - 17	8180,81513	18
7	Procedure 1 as CPT	Char	9	18 - 26	56399,38100	19
8	Procedure 2 as CPT	Char	9	27 - 35	56399,38100	19
9	Procedure 3 as CPT	Char	9	36 - 44	56399,38100	19
10	Procedure code type	Num	3	45 - 47	0,1,2	19
11	Total charge	Num	10	48 - 57	498.68	20
12	Primary payer category	Char	2	58 - 59	01,02,...	20
13	Record ID number	Num	10	60 - 69	28000010	20
14	1st procedure category	Num	2	70 - 71	0,1,2,...	21
15	2nd procedure category	Num	2	72 - 73	0,1,2,...	21
16	3rd procedure category	Num	2	74 - 75	0,1,2,...	21
17	Procedure 1 as ICD9	Char	4	76 - 79	480,9711	19
18	Procedure 2 as ICD9	Char	4	80 - 83	480,9711	19
19	Procedure 3 as ICD9	Char	4	84 - 87	480,9711	19

*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

**Column position (if data requested as ASCII file)

DESCRIPTION OF DATA ELEMENTS

Provider Identifier (see Appendix A for alphabetized facility characteristics)

Facility from which patient was discharged (facility name in 2009)

- 101 = BEAVER VALLEY HOSPITAL
- 102 = MILFORD VALLEY MEMORIAL HOSPITAL (CAH)
- 103 = BRIGHAM CITY COMMUNITY HOSPITAL
- 104 = BEAR RIVER VALLEY HOSPITAL
- 105 = LOGAN REGIONAL HOSPITAL
- 106 = CASTLEVIEW HOSPITAL
- 107 = LAKEVIEW HOSPITAL
- 108 = DAVIS HOSPITAL & MEDICAL CENTER
- 109 = UINTAH BASIN MEDICAL CENTER
- 110 = GARFIELD MEMORIAL HOSPITAL
- 111 = ALLEN MEMORIAL HOSPITAL (to be renamed MOAB REGIONAL HOSPITAL (CAH))
- 112 = VALLEY VIEW MEDICAL CENTER
- 113 = CENTRAL VALLEY MEDICAL CENTER - CAH
- 114 = KANE COUNTY HOSPITAL - CAH
- 115 = FILLMORE COMMUNITY MEDICAL CENTER - CAH
- 116 = DELTA COMMUNITY MEDICAL CENTER - CAH
- 117 = JORDAN VALLEY MEDICAL CENTER
- 118 = ALTA VIEW HOSPITAL
- 119 = COTTONWOOD HOSPITAL MEDICAL CENTER (closed 2007)
- 120 = SALT LAKE REGIONAL MEDICAL CENTER
- 121 = LDS HOSPITAL
- 122 = PRIMARY CHILDREN'S MEDICAL CENTER
- 124 = ST. MARK'S HOSPITAL
- 125 = UNIVERSITY HEALTH CARE/UNIVERSITY HOSPITALS & CLINICS
- 126 = PIONEER VALLEY HOSPITAL
- 128 = SAN JUAN COUNTY HOSPITAL (CAH)
- 129 = GUNNISON VALLEY HOSPITAL (CAH)
- 130 = SANPETE VALLEY HOSPITAL - CAH
- 132 = SEVIER VALLEY MEDICAL CENTER
- 133 = MOUNTAIN WEST MEDICAL CENTER (formerly TOOELE VALLEY REGIONAL MEDICAL CENTER)
- 134 = ASHLEY REGIONAL MEDICAL CENTER
- 135 = OREM COMMUNITY HOSPITAL
- 136 = AMERICAN FORK HOSPITAL
- 137 = MOUNTAIN VIEW HOSPITAL
- 138 = UTAH VALLEY REGIONAL MEDICAL CENTER
- 139 = HEBER VALLEY MEDICAL CENTER (CAH)
- 140 = DIXIE REGIONAL MEDICAL CENTER
- 141 = MCKAY-DEE HOSPITAL CENTER
- 142 = OGDEN REGIONAL MEDICAL CENTER
- 144 = TIMPANOGOS REGIONAL HOSPITAL
- 145 = CACHE VALLEY SPECIALTY HOSPITAL (opened 2000)
- 146 = INTERMOUNTAIN MEDICAL CENTER (opened 2007)
- 147 = PARK CITY MEDICAL CENTER (opened 2009)
- 148 = RIVERTON HOSPITAL (opened 2009)
- 307 = THE ORTHOPEDIC SPECIALTY HOSPITAL
- 309 = UHC ORTHOPAEDIC CENTER
- 310 = UHC HUNTSMAN CANCER HOSPITAL
- 401 = CENTRAL UTAH SURGICAL CENTER
- 403 = INTERMOUNTAIN AVENUES SURGICAL CENTER (formerly Intermountain Surgical Center)
- 404 = MCKAY-DEE SURGICAL CENTER

405 = PROVO SURGICAL CENTER (closed end 2006)
 406 = SALT LAKE ENDOSCOPY CENTER
 407 = SALT LAKE SURGICAL CENTER
 408 = ST. GEORGE SURGICAL CENTER
 409 = ST. MARK'S OUTPATIENT SURGICAL CENTER
 410 = THE SURGICARE CENTER OF UTAH (2nd floor (surgical floor) of The Eye Institute of Utah)
 411 = WASATCH ENDOSCOPY CENTER
 412 = MADSEN SURGERY CENTER (formerly WASATCH SURGERY CENTER)
 414 = MOUNT OGDEN SURGICAL CENTER
 415 = DAVIS SURGICAL CENTER
 416 = MORAN EYE CENTER (beginning 2008, included with 125 = UHC/University Hosp.)
 417 = SOUTH TOWNE SURGICAL CENTER
 418 = PARK CITY SURGICAL CENTER (closed in spring 2006)
 419 = NORTHERN UTAH ENDOSCOPY CENTER
 420 = RIDGELINE ENDOSCOPY CENTER
 421 = ZION EYE INSTITUTE
 422 = UTAH SURGICAL CENTER
 423 = CORAL DESERT SURGERY CENTER
 424 = MOUNTAIN WEST SURGICAL CENTER
 425 = INTERMOUNTAIN PARK CITY SURGICAL CENTER (opened June 2008, closed fall 2009)
 426 = LAKEVIEW ENDOSCOPY CENTER
 427 = RIVERWOODS SURGERY CENTER

Patient's Age (as of last birthday) at the Date of Discharge

0 = 1 - 28 days
 1 = 29 -365 days
 2 = 1 - 4 years
 3 = 5 - 9
 4 = 10 - 14
 5 = 15 - 17
 6 = 18 - 19
 7 = 20 - 24
 8 = 25 - 29
 9 = 30 - 34
 10 = 35 - 39
 11 = 40 - 44
 12 = 45 - 49
 13 = 50 - 54
 14 = 55 - 59
 15 = 60 - 64
 16 = 65 - 69
 17 = 70 - 74
 18 = 75 - 79
 19 = 80 - 84
 20 = 85 - 89
 21 = 90 +
 99 = Unknown
 blank = Not reported

Patient's Gender

M = Male
F = Female
U = Unknown
Blank = Not reported

Source of Admission

- 1 = Physician Referral
The patient was admitted to this facility upon the recommendation of his or her personal physician. (See code 3 if the physician has an HMO affiliation.)
- 2 = Clinic Referral
The patient was admitted to this facility upon recommendation of this facility's clinic physician.
- 3 = HMO referral
The patient was admitted to this facility upon the recommendation of a health maintenance organization (HMO) physician.
- 4 = Transfer from a hospital
The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.
- 5 = Transfer from a skilled nursing facility
The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
- 6 = Transfer from another health care facility
The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility.
- 7 = Emergency Department
The patient was admitted to this facility upon the recommendation of this facility's Emergency Department physician.
- 8 = Court/Law enforcement
The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
- 9 = Information not available
The means by which the patient was admitted to this hospital is not known.
- A = Transfer from a Critical Access Hospital
- B = Transfer from another HHA
- C = Readmission to same HHA
- D = Transfer from hospital inpatient in same facility
- E = Transfer from Ambulatory Surgery Center**
- F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program**
- Blank = Not reported

Patient's Discharge Status

- 01 = Discharge to home or self care, routine discharge
- 02 = Discharge/transferred to another short-term general hospital
- 03 = Discharge/transferred to skilled nursing facility
- 04 = Discharge/transferred to an intermediate care facility
- 05 = Discharged/transferred to another type of institution, cancer or pediatric hospital starting 04/01/08
- 06 = Discharge/transferred to home under care of organized home health service organization
- 07 = Left against medical advice
- 08 = Discharged/transferred to home under care of a home IV provider
- 20 = Expired
- 21 = Discharged/transferred to Court/Law enforcement
- 40 = Expired at home
- 41 = Expired in a medial facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice
- 42 = Expired - place unknown
- 43 = Discharged to federal facility
- 50 = Discharged/transferred to hospice - home
- 51 = Discharged/transferred to hospice – medical facility
- 61 = Discharged/transferred within institution to hospital based Medicare swing bed
- 62 = Discharged/transferred to another rehab facility including distinct part units in hospital
- 63 = Discharged/transferred to a long term care hospital
- 64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 = Discharged/transferred to a psychiatric facility
- 66 = Discharged/transferred to a Critical Access Hospital
- 70 = Discharged/transferred/referred to another institution not defined elsewhere in this code list starting 04/01/08
- 71 = Discharged/transferred/referred to another institution for outpatient (as per plan of care)
- 72 = Discharged/transferred/referred to this institution for outpatient services (as per plan of care)
- 09 = Unknown
- Blank = Not reported

Patient's Residential Postal Zip Code

- 84000-84799 = Zip codes in Utah
- 4444=Homeless (word homeless or homeless code of ZZZZZ given as address)
- 5555=Unknown Utah (Unknown/invalid zip code with Utah address)
(Note: If the city is present in the address but the zip code is not, the zip code variable is coded as -5555 while the county variable is coded with the actual county identifier)
- 8888=Unknown (completely missing address information)
- 9999=Outside U.S.A. (foreign address)

Helpful Hint: A quick way to identify the city associated with a zip code is to use the United States Postal Service website:

[Http://zip4.usps.com/zip4/citytown_zip.jsp](http://zip4.usps.com/zip4/citytown_zip.jsp) .

If less than 30 encounters occurred for a Utah zip code area, this zip code was mapped into the

county code:

Beave = Beaver
BoxEl = Box Elder
Cache = Cache
Carbo = Carbon
Dagge = Daggett
Davis = Davis
Duche = Duchesne
Emery = Emery
Garfi = Garfield
Iron = Iron
Milla = Millard
Morga = Morgan
MulCo = Multi-county (no longer used)
Piute = Piute
Rich = Rich
SaltL = Salt Lake
SanJu = San Juan
Sanpe = Sanpete
Sevie = Sevier
Summi = Summit
Tooel = Tooele
Uinta = Uintah
Washi = Washington
Wayne = Wayne
Weber = Weber

If less than 30 encounters occurred for a non-Utah zip code area, this zip code was mapped into the state code:

AL = ALABAMA
AK = ALASKA
AZ = ARIZONA
AR = ARKANSAS
CA = CALIFORNIA
CO = COLORADO
CT = CONNECTICUT
DE = DELAWARE
DC = DISTRICT OF COLUMBIA
FL = FLORIDA
GA = GEORGIA
HI = HAWAII
ID = IDAHO
IL = ILLINOIS
IN = INDIANA
IA = IOWA
KS = KANSAS
KY = KENTUCKY
LA = LOUISIANA
ME = MAINE
MD = MARYLAND
MA = MASSACHUSETTS
MI = MICHIGAN
MN = MINNESOTA

MS = MISSISSIPPI
MO = MISSOURI
MT = MONTANA
NE = NEBRASKA
NV = NEVADA
NH = NEW HAMPSHIRE
NJ = NEW JERSEY
NM = NEW MEXICO
NY = NEW YORK
NC = NORTH CAROLINA
ND = NORTH DAKOTA
OH = OHIO
OK = OKLAHOMA
OR = OREGON
PA = PENNSYLVANIA
RI = RHODE ISLAND
SC = SOUTH CAROLINA
SD = SOUTH DAKOTA
TN = TENNESSEE
TX = TEXAS
UT = UTAH
VT = VERMONT
VA = VIRGINIA
WA = WASHINGTON
WV = WEST VIRGINIA
WI = WISCONSIN
WY = WYOMING
PR = PUERTO RICO
GU = GUAM

Patient's Residential County

- 1= Box Elder
- 2= Cache
- 3= Rich
- 4= Morgan
- 5= Weber
- 6= Davis
- 7= Salt Lake
- 8= Summit
- 9= Tooele
- 10= Utah
- 11= Wasatch
- 12= Daggett
- 13= Duchesne
- 14= Uintah
- 15= Juab
- 16= Millard
- 18= Sanpete
- 17= Piute
- 19= Sevier
- 20= Wayne
- 21= Carbon
- 22= Emery
- 23= Grand
- 24= San Juan
- 25= Beaver
- 26= Garfield
- 27= Iron
- 28= Kane
- 29= Washington
- 30= Multi-County (used in earlier versions of data set--the category has been eliminated)
- 44= Homeless (word "homeless" or homeless code of ZZZZZ given as address)
- 55= Unknown Utah (unknown city & zip but "Utah" in address or invalid zip code beginning with 84)
- 77= Outside Utah (but in U.S.A.)
- 88= Unknown (completely missing address information)
- 99= Outside U.S.A. (foreign address)

Suggested Division of Local Areas

The data analyst might find one of the following three grouping schemes useful for combining data according to patient county of residence:

Definition	County Code (see above)
1. Urban vs. Rural	
Urban Areas	5, 6, 7, 10
Rural Areas	1-4, 8-9, 11-29
Exclude from analysis	30, 44, 55, 77, 88, 99
2. Wasatch Front Area	
Yes	5, 6, 7, 10
No	1-4, 8-9, 11-29
Exclude from analysis	30, 44, 55, 77, 88, 99
3. Local Health Districts	
Bear River	1-3
Weber-Morgan	4-5
Davis County	6
Salt Lake County	7
Summit County	8
Tooele County	9
Utah County	10
Wasatch County	11
Uintah Basin (TriCounty)	12-14
Central Utah	15-20
Southeastern Utah	21-24
Southwest Utah	25-29

Patient's Cross-County Migration Status

hospital in different county than patient residence

Y = Yes (includes out-of-state, foreign, homeless, out-of-county)

N = No (from same county)

U = Unknown (includes unknown and unknown but Utah residence)

Principal Diagnosis Code

The first four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

ICD-9-CM E-Codes and V-Codes might also be found in this field.

The ICD-9-CM diagnosis codes, as well as the E-Codes and V-Codes can be looked up on the Internet at Yaki Technologies' Website www.eicd.com/eicdmain.htm .

Secondary Diagnosis Code 1 ... Secondary Diagnosis Code 8

Definition is the same as Principal Diagnosis Code.

Procedure Code Type

- 0 = ICD-9-CM codes only were reported by the hospital
- 1 = CPT-4 codes only were reported by the hospital
- 2 = Both ICD-9-CM and CPT-4 codes were reported by the hospital

Procedure Code 1 as CPT

The five digits of CPT-4 code, followed by optional numeric or character qualifiers. Refer to *Physicians Procedure Current Terminology* for description.

Blank = Not reported

Procedure Code 2 as CPT ... Procedure Code 6 as CPT

Definition same as Procedure Code 1 as CPT.

Procedure Code 1 as ICD9

The four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

Procedure Code 2 as ICD9 ... Procedure Code 6 as ICD9

Definition same as Procedure Code 1 as ICD9.

Total Charge

Total dollars and cents amount charged for the visit (with 2 decimal digits).

blank = Not Reported

Primary Payer Category

01 = Medicare
02 = Medicaid
03 = Other government
04 = Blue Cross/Blue Shield
05 = Other commercial (not BC/BS)
06 = Managed care
07 = Self pay
08 = Industrial and worker's compensation
09 = Charity/Unclassified
10 = Unknown
13 = CHIP (Children's Health Insurance Plan)
Blank = Not reported

Secondary Payer Category, Tertiary Payer Category

Descriptions are the same as primary payer category.

Discharge Quarter

1 = First Quarter (January 1 to March 31)
2 = Second Quarter (April 1 to June 30)
3 = Third Quarter (July 1 to September 30)
4 = Fourth Quarter (October 1 to December 31)

Record ID Number

A unique number for each visit, which is also unique across all years that ambulatory surgery data are available.

First Procedure Category

Broad category for first procedure.

These categories match the required ambulatory surgical procedure reporting categories, based on procedure code ranges (see page 1). These categories are very broad, and so they may not produce a meaningful summary of the data for many analytic purposes.

- 0 = No match for Procedure Category
- 1 = Musculoskeletal
- 2 = Respiratory
- 3 = Cardiovascular
- 4 = Lymphatic/Hematic
- 5 = Diaphragm
- 6 = Digestive System
- 7 = Urinary
- 8 = Male Genital
- 9 = Laparoscopy
- 10= Female Genital
- 11= Endocrine/Nervous
- 12= Eye
- 13= Ear
- 14= Nose, Mouth, Pharynx
- 15= Mastectomy

Second Procedure Category ... Sixth Procedure Category

Broad category for 2nd through 6th procedures.

Categories are same as first procedure category shown above.

Note: For procedures performed in 2008 and previous years, see previous manuals for 3M Ambulatory Patient Groups (APGs). Starting with procedures performed in 2009, 3M Enhanced Ambulatory Patient Groups (EAPGs) were used and are listed on the following pages.

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

001 PHOTOCHEMOTHERAPY
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION
003 LEVEL I SKIN INCISION AND DRAINAGE
004 LEVEL II SKIN INCISION AND DRAINAGE
005 NAIL PROCEDURES
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION
008 LEVEL III SKIN DEBRIDEMENT AND DESTRUCTION
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE
012 LEVEL I SKIN REPAIR
013 LEVEL II SKIN REPAIR
014 LEVEL III SKIN REPAIR
015 LEVEL IV SKIN REPAIR
020 LEVEL I BREAST PROCEDURES
021 LEVEL II BREAST PROCEDURES
022 LEVEL III BREAST PROCEDURES
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT
033 LEVEL I HAND PROCEDURES
034 LEVEL II HAND PROCEDURES
035 LEVEL I FOOT PROCEDURES
036 LEVEL II FOOT PROCEDURES
037 LEVEL I ARTHROSCOPY
038 LEVEL II ARTHROSCOPY
039 REPLACEMENT OF CAST
040 SPLINT, STRAPPING AND CAST REMOVAL
041 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK
042 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA
045 BUNION PROCEDURES
046 LEVEL I ARTHROPLASTY
047 LEVEL II ARTHROPLASTY
048 HAND AND FOOT TENOTOMY
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION
060 PULMONARY TESTS
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY
064 ENDOSCOPY OF THE LOWER AIRWAY
065 RESPIRATORY THERAPY
066 PULMONARY REHABILITATION
067 VENTILATION ASSISTANCE AND MANAGEMENT
080 EXERCISE TOLERANCE TESTS
081 ECHOCARDIOGRAPHY
082 CARDIAC ELECTROPHYSIOLOGIC TESTS
083 PLACEMENT OF TRANSVENOUS CATHETERS
084 DIAGNOSTIC CARDIAC CATHETERIZATION

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES
086 PACEMAKER INSERTION AND REPLACEMENT
087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE
088 LEVEL I CARDIOTHORACIC PROCEDURES
089 LEVEL II CARDIOTHORACIC PROCEDURES
090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION
091 VASCULAR LIGATION AND RECONSTRUCTION
092 RESUSCITATION
093 CARDIOVERSION
094 CARDIAC REHABILITATION
095 THROMBOLYSIS
096 ATRIAL AND VENTRICULAR RECORDING AND PACING
097 AICD IMPLANT
110 PHARMACOTHERAPY BY EXTENDED INFUSION
111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION
112 PHLEBOTOMY
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE
114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES
116 ALLERGY TESTS
117 HOME INFUSION
118 NUTRITION THERAPY
130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY
137 THERAPEUTIC COLONOSCOPY
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES
139 LEVEL I HERNIA REPAIR
140 LEVEL II HERNIA REPAIR
141 LEVEL I ANAL AND RECTAL PROCEDURES
142 LEVEL II ANAL AND RECTAL PROCEDURES
143 LEVEL I GASTROINTESTINAL PROCEDURES
144 LEVEL II GASTROINTESTINAL PROCEDURES
145 LEVEL I LAPAROSCOPY
146 LEVEL II LAPAROSCOPY
147 LEVEL III LAPAROSCOPY
148 LEVEL IV LAPAROSCOPY
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY
161 URINARY STUDIES AND PROCEDURES
162 URINARY CATHETERIZATION AND DILATATION
163 LEVEL I BLADDER AND KIDNEY PROCEDURES
164 LEVEL II BLADDER AND KIDNEY PROCEDURES
165 LEVEL III BLADDER AND KIDNEY PROCEDURES
166 LEVEL I URETHRA AND PROSTATE PROCEDURES
167 LEVEL II URETHRA AND PROSTATE PROCEDURES
168 HEMODIALYSIS
169 PERITONEAL DIALYSIS

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

180 TESTICULAR AND EPIDIDYMAL PROCEDURES
181 CIRCUMCISION
182 INSERTION OF PENILE PROSTHESIS
183 LEVEL I PENILE AND PROSTATE PROCEDURES
184 LEVEL II PENILE AND PROSTATE PROCEDURES
185 PROSTATE NEEDLE AND PUNCH BIOPSY
190 ARTIFICIAL FERTILIZATION
191 LEVEL I FETAL PROCEDURES
192 LEVEL II FETAL PROCEDURES
193 TREATMENT OF INCOMPLETE ABORTION
194 THERAPEUTIC ABORTION
195 VAGINAL DELIVERY
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES
199 DILATION AND CURETTAGE
200 HYSTEROSCOPY
201 COLPOSCOPY
210 EXTENDED EEG STUDIES
211 ELECTROENCEPHALOGRAM
212 ELECTROCONVULSIVE THERAPY
213 NERVE AND MUSCLE TESTS
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE
217 LEVEL I NERVE PROCEDURES
218 LEVEL II NERVE PROCEDURES
219 SPINAL TAP
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS
221 LAMINOTOMY AND LAMINECTOMY
222 SLEEP STUDIES
223 LEVEL III NERVE PROCEDURES
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES
231 FITTING OF CONTACT LENSES
232 LASER EYE PROCEDURES
233 CATARACT PROCEDURES
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES
239 STRABISMUS AND MUSCLE EYE PROCEDURES
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE
250 COCHLEAR DEVICE IMPLANTATION
251 OTORHINOLARYNGOLOGIC FUNCTION TESTS
252 LEVEL I FACIAL AND ENT PROCEDURES
253 LEVEL II FACIAL AND ENT PROCEDURES
254 LEVEL III FACIAL AND ENT PROCEDURES
255 LEVEL IV FACIAL AND ENT PROCEDURES
256 TONSIL AND ADENOID PROCEDURES

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

257 AUDIOMETRY
270 OCCUPATIONAL THERAPY
271 PHYSICAL THERAPY
272 SPEECH THERAPY AND EVALUATION
273 MANIPULATION THERAPY
274 OCCUPATIONAL/PHYSICAL THERAPY, GROUP
275 SPEECH THERAPY & EVALUATION, GROUP
280 VASCULAR RADIOLOGY EXCEPT VENOGRAPHY OF EXTREMITY
281 MAGNETIC RESONANCE ANGIOGRAPHY - HEAD AND/OR NECK
282 MAGNETIC RESONANCE ANGIOGRAPHY - CHEST
283 MAGNETIC RESONANCE ANGIOGRAPHY - OTHER SITES
284 MYELOGRAPHY
285 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST
286 MAMMOGRAPHY
287 DIGESTIVE RADIOLOGY
288 DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL AND VASCULAR OF LOWER EXTREMITIES
289 VASCULAR DIAGNOSTIC ULTRASOUND OF LOWER EXTREMITIES
290 PET SCANS
291 BONE DENSITOMETRY
292 MRI- ABDOMEN
293 MRI- JOINTS
294 MRI- BACK
295 MRI- CHEST
296 MRI- OTHER
297 MRI- BRAIN
298 CAT SCAN BACK
299 CAT SCAN - BRAIN
300 CAT SCAN - ABDOMEN
301 CAT SCAN - OTHER
302 ANGIOGRAPHY, OTHER
303 ANGIOGRAPHY, CEREBRAL
310 DEVELOPMENTAL & NEUROPSYCHOLOGICAL TESTING
311 FULL DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE
312 FULL DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
313 HALF DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE
314 HALF DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
315 COUNSELLING OR INDIVIDUAL BRIEF PSYCHOTHERAPY
316 INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY
317 FAMILY PSYCHOTHERAPY
318 GROUP PSYCHOTHERAPY
319 ACTIVITY THERAPY
320 CASE MANAGEMENT & TREATMENT PLAN DEVELOPMENT - MENTAL HEALTH OR SUBSTANCE ABUSE
321 CRISIS INTERVENTION
322 MEDICATION ADMINISTRATION & OBSERVATION
323 MENTAL HYGIENE ASSESSMENT
324 MENTAL HEALTH SCREENING & BRIEF ASSESSMENT
327 INTENSIVE OUTPATIENT PSYCHIATRIC TREATMENT
328 DAY REHABILITATION, HALF DAY
329 DAY REHABILITATION, FULL DAY
330 LEVEL I DIAGNOSTIC NUCLEAR MEDICINE

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

331 LEVEL II DIAGNOSTIC NUCLEAR MEDICINE
332 LEVEL III DIAGNOSTIC NUCLEAR MEDICINE
340 THERAPEUTIC NUCLEAR MEDICINE
341 RADIATION THERAPY AND HYPERTHERMIA
342 LEVEL I AFTERLOADING BRACHYTHERAPY
343 RADIATION TREATMENT DELIVERY
344 INSTILLATION OF RADIOELEMENT SOLUTIONS
345 HYPERTHERMIC THERAPIES
346 RADIOSURGERY
347 HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY
348 PROTON TREATMENT DELIVERY
349 LEVEL II AFTERLOADING BRACHYTHERAPY
350 LEVEL I ADJUNCTIVE GENERAL DENTAL SERVICES
351 LEVEL II ADJUNCTIVE GENERAL DENTAL SERVICES
352 PERIODONTICS
353 LEVEL I PROSTHODONTICS, FIXED
354 LEVEL II PROSTHODONTICS, FIXED
355 LEVEL III PROSTHODONTICS, FIXED
356 LEVEL I PROSTHODONTICS, REMOVABLE
357 LEVEL II PROSTHODONTICS, REMOVABLE
358 LEVEL III PROSTHODONTICS, REMOVABLE
359 LEVEL I MAXILLOFACIAL PROSTHETICS
360 LEVEL II MAXILLOFACIAL PROSTHETICS
361 LEVEL I DENTAL RESTORATIONS
362 LEVEL II DENTAL RESTORATIONS
363 LEVEL III DENTAL RESTORATION
364 LEVEL I ENDODONTICS
365 LEVEL II ENDODONTICS
366 LEVEL III ENDODONTICS
367 LEVEL I ORAL AND MAXILLOFACIAL SURGERY
368 LEVEL II ORAL AND MAXILLOFACIAL SURGERY
369 LEVEL III ORAL AND MAXILLOFACIAL SURGERY
370 LEVEL IV ORAL AND MAXILLOFACIAL SURGERY
371 ORTHODONTICS
372 SEALANT
373 LEVEL I DENTAL FILM
374 LEVEL II DENTAL FILM
375 DENTAL ANESTHESIA
376 DIAGNOSTIC DENTAL PROCEDURES
377 PREVENTIVE DENTAL PROCEDURES
380 ANESTHESIA
390 LEVEL I PATHOLOGY
391 LEVEL II PATHOLOGY
392 PAP SMEARS
393 BLOOD AND TISSUE TYPING
394 LEVEL I IMMUNOLOGY TESTS
395 LEVEL II IMMUNOLOGY TESTS
396 LEVEL I MICROBIOLOGY TESTS
397 LEVEL II MICROBIOLOGY TESTS
398 LEVEL I ENDOCRINOLOGY TESTS
399 LEVEL II ENDOCRINOLOGY TESTS

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

400 LEVEL I CHEMISTRY TESTS
401 LEVEL II CHEMISTRY TESTS
402 BASIC CHEMISTRY TESTS
403 ORGAN OR DISEASE ORIENTED PANELS
404 TOXICOLOGY TESTS
405 THERAPEUTIC DRUG MONITORING
406 LEVEL I CLOTTING TESTS
407 LEVEL II CLOTTING TESTS
408 LEVEL I HEMATOLOGY TESTS
409 LEVEL II HEMATOLOGY TESTS
410 URINALYSIS
411 BLOOD AND URINE DIPSTICK TESTS
412 SIMPLE PULMONARY FUNCTION TESTS
413 CARDIOGRAM
414 LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY
415 LEVEL II IMMUNIZATION
416 LEVEL III IMMUNIZATION
417 MINOR REPRODUCTIVE PROCEDURES
418 MINOR CARDIAC AND VASCULAR TESTS
419 MINOR OPHTHALMOLOGICAL INJECTION, SCRAPING AND TESTS
420 PACEMAKER AND OTHER ELECTRONIC ANALYSIS
421 TUBE CHANGE
422 PROVISION OF VISION AIDS
423 INTRODUCTION OF NEEDLE AND CATHETER
424 DRESSINGS AND OTHER MINOR PROCEDURES
425 OTHER MISCELLANEOUS ANCILLARY PROCEDURES
426 PSYCHOTROPIC MEDICATION MANAGEMENT
427 BIOFEEDBACK AND OTHER TRAINING
428 PATIENT EDUCATION, INDIVIDUAL
429 PATIENT EDUCATION, GROUP
430 CLASS I CHEMOTHERAPY DRUGS
431 CLASS II CHEMOTHERAPY DRUGS
432 CLASS III CHEMOTHERAPY DRUGS
433 CLASS IV CHEMOTHERAPY DRUGS
434 CLASS V CHEMOTHERAPY DRUGS
435 CLASS I PHARMACOTHERAPY
436 CLASS II PHARMACOTHERAPY
437 CLASS III PHARMACOTHERAPY
438 CLASS IV PHARMACOTHERAPY
439 CLASS V PHARMACOTHERAPY
440 CLASS VI PHARMACOTHERAPY
441 CLASS VI CHEMOTHERAPY DRUGS
443 CLASS VII CHEMOTHERAPY DRUGS
444 CLASS VII PHARMACOTHERAPY
448 EXPANDED HOURS ACCESS
449 ADDITIONAL UNDIFFERENTIATED MEDICAL VISITS/SERVICES
450 OBSERVATION
451 SMOKING CESSATION TREATMENT
452 DIABETES SUPPLIES
453 MOTORIZED WHEELCHAIR
454 TPN FORMULAE

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

455 IMPLANTED TISSUE OF ANY TYPE
456 MOTORIZED WHEELCHAIR ACCESSORIES
457 VENIPUNCTURE
460 CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
461 CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
462 CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
463 CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
464 CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
465 CLASS XIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
470 OBSTETRICAL ULTRASOUND
471 PLAIN FILM
472 ULTRASOUND GUIDANCE
473 CT GUIDANCE
474 RADIOLOGICAL GUIDANCE FOR THERAPEUTIC OR DIAGNOSTIC PROCEDURES
475 MRI GUIDANCE
476 LEVEL I THERAPEUTIC RADIATION TREATMENT PREPARATION
477 LEVEL II THERAPEUTIC RADIATION TREATMENT PREPARATION
478 MEDICAL RADIATION PHYSICS
479 TREATMENT DEVICE DESIGN AND CONSTRUCTION
480 TELETHERAPY/BRACHYTHERAPY CALCULATION
481 THERAPEUTIC RADIOLOGY SIMULATION FIELD SETTING
482 RADIOELEMENT APPLICATION
483 RADIATION THERAPY MANAGEMENT
484 THERAPEUTIC RADIOLOGY TREATMENT PLANNING
490 INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT
491 MEDICAL VISIT INDICATOR
492 ENCOUNTER/REFERRAL FOR OBSERVATION INDICATOR
500 ENCOUNTER/REFERRAL FOR OBSERVATION - OBSTETRICAL
501 ENCOUNTER/REFERRAL FOR OBSERVATION - OTHER DIAGNOSES
502 ENCOUNTER/REFERRAL FOR OBSERVATION - BEHAVIORAL HEALTH
510 MAJOR SIGNS, SYMPTOMS AND FINDINGS
520 SPINAL DISORDERS & INJURIES
521 NERVOUS SYSTEM MALIGNANCY
522 DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS
523 MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES
524 LEVEL I CNS DISORDERS
525 LEVEL II CNS DISORDERS
526 TRANSIENT ISCHEMIA
527 PERIPHERAL NERVE DISORDERS
528 NONTRAUMATIC STUPOR & COMA
529 SEIZURE
530 HEADACHES OTHER THAN MIGRAINE
531 MIGRAINE
532 HEAD TRAUMA
533 AFTEREFFECTS OF CEREBROVASCULAR ACCIDENT
534 NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT
535 CVA & PRECEREBRAL OCCLUSION W INFARCT
536 CEREBRAL PALSY
550 ACUTE MAJOR EYE INFECTIONS
551 CATARACTS
552 GLAUCOMA

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

553 LEVEL I OPHTHALMIC DIAGNOSES
554 LEVEL II OPHTHALMIC DIAGNOSES
555 CONJUNCTIVITIS
560 EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES
561 VERTIGINOUS DISORDERS EXCEPT FOR BENIGN VERTIGO
562 INFECTIONS OF UPPER RESPIRATORY TRACT
563 DENTAL & ORAL DISEASES & INJURIES
564 LEVEL I OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES
565 LEVEL II OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES
570 CYSTIC FIBROSIS - PULMONARY DISEASE
571 RESPIRATORY MALIGNANCY
572 BRONCHIOLITIS & RSV PNEUMONIA
573 COMMUNITY ACQUIRED PNEUMONIA
574 CHRONIC OBSTRUCTIVE PULMONARY DISEASE
575 ASTHMA
576 LEVEL I OTHER RESPIRATORY DIAGNOSES
577 LEVEL II OTHER RESPIRATORY DIAGNOSES
578 PNEUMONIA EXCEPT FOR COMMUNITY ACQUIRED PNEUMONIA
579 STATUS ASTHMATICUS
591 ACUTE MYOCARDIAL INFARCTION
592 LEVEL I CARDIOVASCULAR DIAGNOSES
593 LEVEL II CARDIOVASCULAR DIAGNOSES
594 HEART FAILURE
595 CARDIAC ARREST
596 PERIPHERAL & OTHER VASCULAR DISORDERS
597 PHLEBITIS
598 ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS
599 HYPERTENSION
600 CARDIAC STRUCTURAL & VALVULAR DISORDERS
601 LEVEL I CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS
602 ATRIAL FIBRILLATION
603 LEVEL II CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS
604 CHEST PAIN
605 SYNCOPE & COLLAPSE
620 DIGESTIVE MALIGNANCY
621 PEPTIC ULCER & GASTRITIS
623 ESOPHAGITIS
624 LEVEL I GASTROINTESTINAL DIAGNOSES
625 LEVEL II GASTROINTESTINAL DIAGNOSES
626 INFLAMMATORY BOWEL DISEASE
627 NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING
628 ABDOMINAL PAIN
629 MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE
630 CONSTIPATION
631 HERNIA
632 IRRITABLE BOWEL SYNDROME
633 ALCOHOLIC LIVER DISEASE
634 MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS
635 DISORDERS OF PANCREAS EXCEPT MALIGNANCY
636 HEPATITIS WITHOUT COMA
637 DISORDERS OF GALLBLADDER & BILIARY TRACT

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

638 CHOLECYSTITIS
639 LEVEL I HEPATOBILIARY DIAGNOSES
640 LEVEL II HEPATOBILIARY DIAGNOSES
650 FRACTURE OF FEMUR
651 FRACTURE OF PELVIS OR DISLOCATION OF HIP
652 FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK
653 MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG
654 OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS
655 CONNECTIVE TISSUE DISORDERS
656 BACK & NECK DISORDERS EXCEPT LUMBAR DISC DISEASE
657 LUMBAR DISC DISEASE
658 LUMBAR DISC DISEASE WITH SCIATICA
659 MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE
660 LEVEL I OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
661 LEVEL II OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
662 OSTEOPOROSIS
663 PAIN
670 SKIN ULCERS
671 MAJOR SKIN DISORDERS
672 MALIGNANT BREAST DISORDERS
673 CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS
674 CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE
675 OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS
676 DECUBITUS ULCER
690 MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS
691 INBORN ERRORS OF METABOLISM
692 LEVEL I ENDOCRINE DISORDERS
693 LEVEL II ENDOCRINE DISORDERS
694 ELECTROLYTE DISORDERS
695 OBESITY
710 DIABETES WITH OPHTHALMIC MANIFESTATIONS
711 DIABETES WITH CIRCULATORY DIAGNOSES
712 DIABETES WITH NEUROLOGIC MANIFESTATIONS
713 DIABETES WITHOUT COMPLICATIONS
714 DIABETES WITH RENAL MANIFESTATIONS
720 RENAL FAILURE
721 KIDNEY & URINARY TRACT MALIGNANCY
722 NEPHRITIS & NEPHROSIS
723 KIDNEY AND CHRONIC URINARY TRACT INFECTIONS
724 URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION
725 MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC
726 OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS
727 ACUTE LOWER URINARY TRACT INFECTIONS
740 MALIGNANCY, MALE REPRODUCTIVE SYSTEM
741 MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY
742 NEOPLASMS OF THE MALE REPRODUCTIVE SYSTEM
743 PROSTATITIS
744 MALE REPRODUCTIVE INFECTIONS
750 FEMALE REPRODUCTIVE SYSTEM MALIGNANCY
751 FEMALE REPRODUCTIVE SYSTEM INFECTIONS
752 LEVEL I MENSTRUAL AND OTHER FEMALE DIAGNOSES

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

753 LEVEL II MENSTRUAL AND OTHER FEMALE DIAGNOSES
760 VAGINAL DELIVERY
761 POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE
762 THREATENED ABORTION
763 ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
764 FALSE LABOR
765 OTHER ANTEPARTUM DIAGNOSES
766 ROUTINE PRENATAL CARE
770 NORMAL NEONATE
771 LEVEL I NEONATAL DIAGNOSES
772 LEVEL II NEONATAL DIAGNOSES
780 OTHER HEMATOLOGICAL DISORDERS
781 COAGULATION & PLATELET DISORDERS
782 CONGENITAL FACTOR DEFICIENCIES
783 SICKLE CELL ANEMIA CRISIS
784 SICKLE CELL ANEMIA
785 ANEMIA EXCEPT FOR IRON DEFICIENCY ANEMIA AND SICKLE CELL ANEMIA
786 IRON DEFICIENCY ANEMIA
800 ACUTE LEUKEMIA
801 LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA
802 RADIOTHERAPY
803 CHEMOTHERAPY
804 LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR
805 SEPTICEMIA & DISSEMINATED INFECTIONS
806 POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS
807 FEVER
808 VIRAL ILLNESS
809 OTHER INFECTIOUS & PARASITIC DISEASES
810 H. PYLORI INFECTION
820 SCHIZOPHRENIA
821 MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES
822 DISORDERS OF PERSONALITY & IMPULSE CONTROL
823 BIPOLAR DISORDERS
824 DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER
825 ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES
826 ACUTE ANXIETY & DELIRIUM STATES
827 ORGANIC MENTAL HEALTH DISTURBANCES
828 MENTAL RETARDATION
829 CHILDHOOD BEHAVIORAL DISORDERS
830 EATING DISORDERS
831 OTHER MENTAL HEALTH DISORDERS
840 OPIOID ABUSE & DEPENDENCE
841 COCAINE ABUSE & DEPENDENCE
842 ALCOHOL ABUSE & DEPENDENCE
843 OTHER DRUG ABUSE & DEPENDENCE
850 ALLERGIC REACTIONS
851 POISONING OF MEDICINAL AGENTS
852 OTHER COMPLICATIONS OF TREATMENT
853 OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES
854 TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES
860 EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT

First Procedure EAPG (3M Enhanced Ambulatory Patient Group) ... Sixth Procedure EAPG

861 PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT
870 REHABILITATION
871 SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS
872 OTHER AFTERCARE & CONVALESCENCE
873 NEONATAL AFTERCARE
874 JOINT REPLACEMENT
880 HIV INFECTION
881 AIDS
993 INPATIENT ONLY PROCEDURES
994 USER CUSTOMIZABLE INPATIENT PROCEDURES
999 UNASSIGNED

First Procedure EAPG Type ... Sixth Procedure EAPG Type

01 = PER DIEM
02 = SIGNIFICANT PROCEDURE
03 = MEDICAL VISIT
04 = ANCILLARY PROCEDURE
05 = INCIDENTAL PROCEDURE
06 = DRUG
07 = DME
08 = UNASSIGNED (APG 999, 994, 993)
21 = PHYSICAL THERAPY AND REHAB PROCEDURE
22 = MENTAL HEALTH AND COUNSELING PROCEDURE
23 = DENTAL PROCEDURE
24 = RADIOLOGIC PROCEDURE
25 = OTHER DIAGNOSTIC PROCEDURE

First Procedure EAPG Category ... Sixth Procedure EAPG Category

01 = SKIN & INTEGUMENTARY SYSTEM PROCEDURES
02 = BREAST PROCEDURES
03 = MUSCULOSKELETAL SYSTEM PROCEDURES
04 = RESPIRATORY PROCEDURES
05 = CARDIOVASCULAR PROCEDURES
06 = HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES
07 = GASTROINTESTINAL SYSTEM PROCEDURES
08 = GENITOURINARY SYSTEM PROCEDURES
09 = MALE REPRODUCTIVE SYSTEM
10 = FEMALE REPRODUCTIVE SYSTEM
11 = NEUROLOGIC SYSTEM PROCEDURES
12 = OPHTHALMOLOGIC SYSTEM PROCEDURES
13 = EAR, NOSE, MOUTH, & THROAT PROCEDURES
14 = REHABILITATION
15 = RADIOLOGICAL PROCEDURES
16 = MENTAL ILLNESS & SUBSTANCE ABUSE THERAPIES
17 = NUCLEAR MEDICINE
18 = RADIATION ONCOLOGY
19 = DENTAL PROCEDURES
20 = ANESTHESIA
21 = PATHOLOGY
22 = LABORATORY
23 = OTHER ANCILLARY TESTS & PROCEDURES
24 = CHEMOTHERAPY & OTHER DRUGS
25 = RADIOLOGY
30 = INCIDENTAL PROCEDURES & SERVICES
50 = OBSERVATION
51 = MAJOR SIGNS, SYMPTOMS & FINDINGS
52 = DISEASES & DISORDERS OF THE NERVOUS SYSTEM
53 = DISEASES & DISORDERS OF THE EYE
54 = EAR, NOSE, MOUTH, THROAT & CRANIOFACIAL DISEASES & DISORDERS
55 = DISEASES & DISORDERS OF RESPIRATORY SYSTEM
56 = DISEASES & DISORDERS OF CIRCULATORY SYSTEM

First Procedure EAPG Category ... Sixth Procedure EAPG Category

57 = DISEASES & DISORDERS OF DIGESTIVE SYSTEM
58 = DISEASES & DISORDERS HEPATOBILIARY SYSTEM, PANCREAS
59 = DISEASES & DISORDERS MUSCULOSKEL. CONNECTIVE TISSUE
60 = DISEASES & DISORDERS OF SKIN, SUBCUT. TISSUE & BREAST
61 = ENDOCRINE, NUTRITION & METABOLIC DISEASES & DISORDERS
62 = DIABETES MELLITUS
63 = DISEASES & DISORDERS OF KIDNEY & URINARY TRACT
64 = DISEASES & DISORDERS OF MALE REPRODUCTIVE TRACT
65 = DISEASES & DISORDERS OF MALE REPRODUCTIVE TRACT
66 = PREGNANCY, CHILDBIRTH & PUERPERIUM
67 = NEWBORNS
68 = DISEASES & DISORDERS OF BLOOD, IMMUNOLOGIC DISORDERS
69 = LYMPH., HEMATOPOIETIC, OTH MALIGNANCIES., CHEMO-, RADIOTHERAPY
70 = INFECTIOUS & PARASITIC DISEASES
71 = MENTAL DISEASES & DISORDERS
72 = ALCOHOL/DRUG USE & RELATED MENTAL DISORDERS
73 = POISONINGS, TOXIC EFFECTS, OTHER TREATMENT COMPL.
74 = BURNS
75 = REHAB, AFTERCARE, ETC. INFLUENCING HEALTH SERVICES
76 = HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS
99 = NO EAPG ASSIGNED

APPENDIX A

UTAH HOSPITALS WITH AMBULATORY SURGICAL FACILITIES AND FREE-STANDING AMBULATORY SURGICAL CENTERS PROFILE

FACILITY CHARACTERISTICS: 2009

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
111	Allen Memorial Hospital - CAH	G	Rural Health Mgmt	Grand	Moab	R	N	25
118	Alta View Hospital	N	Intermountain Healthcare	Salt Lake	Sandy	U	N	80
136	American Fork Hospital	N	Intermountain Healthcare	Utah	American Fork	U	N	89
134	Ashley Regional Medical Center	I	LifePoint Hospitals Inc.	Uintah	Vernal	R	N	39
104	Bear River Valley Hospital	N	Intermountain Healthcare	Box Elder	Tremonton	R	N	16
101	Beaver Valley Hospital	G	Freestanding	Beaver	Beaver	R	N	49
103	Brigham City Community Hospital	I	MountainStar Healthcare	Box Elder	Brigham City	R	N	49
145	Cache Valley Specialty Hospital	I	National Surgical Hospital	Cache	North Logan	R	N	22
106	Castleview Hospital	I	LifePoint Hospitals Inc.	Carbon	Price	R	N	39
401	Central Utah Surgical Center	I	Nueterra	Utah	Provo	U	N	6
113	Central Valley Medical Center - CAH	N	Rural Health Mgmt	Juab	Nephi	R	N	25
423	Coral Desert Surgery Center	I	Nueterra	Washington	St. George	R	N	5
119	Cottonwood Hospital (closed)	N	Intermountain Healthcare	Salt Lake	Murray	U	N	213
415	Davis Surgical Center	I	Freestanding	Davis	Layton	U	N	4
108	Davis Hospital and Medical Center	I	IASIS Health Care	Davis	Layton	U	N	225
116	Delta Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Delta	R	N	18
140	Dixie Regional Medical Center	N	Intermountain Healthcare	Washington	St. George	R	N	245
115	Fillmore Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Fillmore	R	N	20
110	Garfield Memorial Hospital	N	Intermountain Healthcare	Garfield	Panguitch	R	N	41
129	Gunnison Valley Hospital - CAH	G	Freestanding	Sanpete	Gunnison	R	N	25
139	Heber Valley Medical Center - CAH	N	Intermountain Healthcare	Wasatch	Heber	R	N	19

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
403	Intermountain Avenues Surgical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	4
146	Intermountain Medical Center	N	Intermountain Healthcare	Salt Lake	Murray	U	Y	472
425	Intermountain Park City Surgical Center	N	Intermountain Healthcare	Summit	Park City	R	N	2
117	Jordan Valley Medical Center	I	IASIS Health Care	Salt Lake	West Jordan	U	N	183
114	Kane County Hospital -CAH	G	Freestanding	Kane	Kanab	R	N	25
426	Lakeview Endoscopy	I	MountainStar Healthcare	Davis	Bountiful	U	N	2
107	Lakeview Hospital	I	MountainStar Healthcare	Davis	Bountiful	U	N	128
121	LDS Hospital	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	Y	266
105	Logan Regional Hospital	N	Intermountain Healthcare	Cache	Logan	R	N	146
412	Madsen Surgery Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	2
141	McKay-Dee Hospital Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	304
404	McKay-Dee Surgical Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	6
102	Milford Valley Memorial Hospital - CAH	G	Freestanding	Beaver	Milford	R	N	23
416	Moran Eye Center (now with UHC/Univ.)	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	10
414	Mount Ogden Surgical Center	I	Freestanding	Weber	Ogden	U	Y	3
137	Mountain View Hospital	I	MountainStar Healthcare	Utah	Payson	U	N	114
133	Mountain West Medical Center	G	Community Health System	Tooele	Tooele	R	N	44
424	Mountain West Surgical Center	I	Nueterra	Davis	Bountiful	U	N	4
419	Northern Utah Endoscopy Center	I	Nueterra	Cache	Logan	R	N	2
142	Ogden Regional Medical Center	I	MountainStar Healthcare	Weber	Ogden	U	N	232
135	Orem Community Hospital	N	Intermountain Healthcare	Utah	Orem	U	N	24
147	Park City Medical Center	N	Intermountain Healthcare	Summit	Park City	R	N	26
418	Park City Surg Ctr (closed)	I	HealthSouth	Summit	Park City	R	N	2
126	Pioneer Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	139

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
122	Primary Children's Medical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	235
405	Provo Surgical Center (closed)	I	Freestanding	Utah	Provo	U	Y	5
420	Ridgeline Endoscopy Center	I	Freestanding	Weber	Ogden	U	N	2
148	Riverton Hospital	N	Intermountain Healthcare	Salt Lake	Riverton	U	Y	97
427	Riverwoods Surgery Center	I	Freestanding	Utah	Provo	U	N	5
406	Salt Lake Endoscopy Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	2
120	Salt Lake Regional Medical Center	I	IASIS Health Care	Salt Lake	Salt Lake City	U	Y	158
407	Salt Lake Surgical Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	7
128	San Juan Hospital - CAH	G	Managed	San Juan	Monticello	R	N	25
130	Sanpete Valley Hospital - CAH	N	Intermountain Healthcare	Sanpete	Mt. Pleasant	R	N	18
132	Sevier Valley Medical Center	N	Intermountain Healthcare	Sevier	Richfield	R	N	42
417	South Towne Surgery Center	I	MountainStar Healthcare	Salt Lake	Sandy	U	N	4
408	St. George Surgical Center	I	Freestanding	Washington	St. George	R	N	4
124	St. Mark's Hospital	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	294
409	St. Mark's Outpatient Surgery Cntr	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	4
410	SurgiCare Center (with Eye Institute)	I	Freestanding	Salt Lake	Salt Lake City	U	N	4
307	The Orthopedic Specialty Hospital	I	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	36
144	Timpanogos Regional Hospital	I	MountainStar Healthcare	Utah	Orem	U	N	105
109	Uintah Basin Medical Center	G	Freestanding	Duchesne	Roosevelt	R	N	49
310	University Huntsman Cancer Hospital	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
125	UHC/University Hospitals & Clinics	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	508
309	University of Utah Orthopaedic Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
422	Utah Surgical Center	I	Nueterra	Salt Lake	West Valley	U	N	4
138	Utah Valley Regional Medical Center	N	Intermountain Healthcare	Utah	Provo	U	N	395

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
112	Valley View Medical Center	N	Intermountain Healthcare	Iron	Cedar City	R	N	48
411	Wasatch Endoscopy Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	3
421	Zion Eye Institute	I	Freestanding	Washington	St. George	R	N	2

¹Facility ID number. See page 10 for facility list in numerical order.

²Owner category: G=Government, N=Not for Profit, I=Investor-Owned.

³Urban or Rural location of facility.

⁴Teaching facility (Yes or No).

CAH stands for Critical Access Hospital.

Note: The facilities with addresses, phone numbers, and number of beds in the above list, can be obtained as a “cut and paste” document from the website <http://health.utah.gov/hda/usersupport.php> and click on “List of data providers”.

An alternative source for a list of Utah hospitals and ambulatory surgery centers is the Utah Department of Health Website, <http://health.utah.gov/hflcra> and click on “Facility Info”.